

**OFFICIAL COLORADO STATE DOCUMENT
DO NOT ALTER THIS FORM**

CERTIFICATION FOR PERSONAL SERVICES AGREEMENTS

Complete this form in its entirety.

Your Department/Institution Name: _____

Contract Routing #: _____ Purchase Order #: _____

Amount: _____ Contractor: _____

Individual Name: _____

TERM OF AGREEMENT **From:** _____ **To:** _____

1. Describe:

A. The type of services, skills and expertise to be purchased.

B. How and why it is a specialized skill.

C. Identify the direct beneficiary for these services.

2. Post April 7, 1993, are there specific statutory citations (not footnotes to the Long Bill), which require an outside contractor to provide this service?

☐ No ☐ Yes If **yes**, cite statute. CRS _____

3. Have these services presently or previously been performed by classified staff?

☐ No ☐ Yes

If **yes**, provide the following:

A. When? _____

B. What job class was utilized? _____

C. Why did the agency decide to contract out these services?

4. How long have these services been purchased through agreements?

Are these services on-going for an indefinite period of time? ☐ No ☐ Yes

5. Has the individual or contractor performing the service, previously been an **employee** of the state either on a temporary or a permanent basis?

☐ No ☐ Yes If **yes**, give last dates of employment.

Temporary _____ Permanent _____

TO BE COMPLETED BY PROGRAM REPRESENTATIVE

Agency Representative

Title/Work Phone Number

THE FOLLOWING TO BE COMPLETED BY HR PERSONNEL ONLY

6. We attest that the acquisition of services from the independent contractor will not result in the separation or displacement of classified staff. ☐No ☐Yes
7. **Review/Approval Criteria:** The following are statutory and/or procedural citations by which personal services agreements will be evaluated by the State Personnel Director. Please identify those criteria that would make this request an approvable agreement.

The contract meets the relevant cost savings test. A "Cost Analysis" form must be completed and attached to this form. Refer to CRS 24-50-503; Director's Administrative Procedure P-10-3(B).

The contract is for an existing state program never performed by state employees. Or, the contract is for an existing state program which is different in scope or policy from the programs carried out by state employees. CRS 24-50-504(2)(a); P10-4(a)

The contract is for a new state program (created after 4/7/93), which statutorily authorizes the performance of the program by independent contractors. CRS 24-50-504(2)(b)

The contracted services are not available within the state personnel system, or cannot be performed satisfactorily by state employees, or are of a highly specialized or technical nature. CRS 24-50-504(2)(c)

The services are incidental to a contract for the purchase or lease of real or personal property. CRS 24-50-504(2)(d); P-10-4(C)

The contract is needed to protect against a conflict of interest, or to ensure independent and unbiased findings in cases where there is a clear need for a different, outside perspective. CRS 24-50-504(2)(e)

The contractor will provide equipment, materials, facilities or support services that could not feasibly be provided by the state in the location where the services are to be performed. CRS 24-50-504(2)(f); P-10-4(D)(1 and 2)

The contractor will conduct training courses for which appropriately qualified state personnel system instructors are not available. CRS 24-50-504(2)(g)

The services are of an urgent, temporary or occasional nature. CRS 24-50-504(2)(h); P-10-4 (E)(1,2&3)

This is an intergovernmental agreement. CRS 24-50-508

The services provided are for a term of six months or less and are not expected to recur on a regular basis. CRS 24-50-513; P-10-13(A and B)

The contract is for purchased services. (The acquisition of services which directly benefit specific groups or individuals in the public at large). CRS 24-50-504(3)

Explain your selection of any items checked above. The area below is to be used for your explanation.

**PERSONAL SERVICES CERTIFICATION
HR Representative ONLY**

Independent Contractor Certification: I certify that the contract or commitment voucher is indeed an independent contract that does not create an employee relationship and that these documents contain the required independent contractor language as part of the Director's Administrative Procedures P-10-11.

☐Yes ☐No If no, do not submit your agreement for review; it will not be approved.

Department/Agency Certification: I hereby certify that the attached agreement for personal services meets every criterion stated above and that all responses on this certification are true and accurate, to the best of my knowledge.

Date: _____ by: _____

Agency Representative

Title/Work Phone Number